

**Application Data Sheet**

**Application Information**

Application Type:: Regular  
Subject Matter:: Utility  
Suggested Classification::  
Suggested Group Art Unit::  
CD-ROM or CD-R?:: None  
Number of CD disks::  
Number of Copies of CDs::  
Sequence Submission?:: None  
Computer Readable Form (CRF):: No  
Number of copies of CRF:: 0  
Title:: METAL DRIVING BELT  
Attorney Docket Number:: 2002-1027  
Request for Early Publication?:: No  
Request for Non-Publication?:: No  
Suggested Drawing Figure::  
Total Drawing Sheets:: 1  
Small Entity?:: No  
Latin Name::  
Variety Denomination Name::  
Petition Included?:: No  
Petition Type::  
Licensed US Gov't Agency::  
Contract or Grant Numbers::  
Secrecy Order in Parent Appl.?:: No

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country::  
Status:: Full Capacity  
Given Name:: CORNELIS JOHANNES MARIA  
Middle Name::  
Family Name:: VAN DER MEER  
City of Residence:: TILBURG  
State or Province of  
Residence::  
Country of Residence:: NETHERLANDS  
Street of Mailing Address:: DIEZE 99

City of Mailing Address:: TILBURG  
State or Province of Mailing Address::  
Country of Mailing Address:: NETHERLANDS  
Postal or Zip Code of Mailing Address:: 5032 XG

Applicant Authority Type:: Inventor  
Primary Citizenship Country::  
Status:: Full Capacity  
Given Name:: LUCAS HENDRICUS ROBERTUS MARIA  
Middle Name::  
Family Name:: PRINSEN  
City of Residence:: LOON OP ZAND  
State or Province of  
Residence::  
Country of Residence:: NETHERLANDS  
Street of Mailing Address:: BERGSTRAAT 9

City of Mailing Address:: LOON OP ZAND  
State or Province of Mailing Address::  
Country of Mailing Address:: NETHERLANDS

Postal or Zip Code of Mailing Address:: 5175 AC

Applicant Authority Type:: Inventor  
Primary Citizenship Country::  
Status:: Full Capacity  
Given Name:: JOHANNES HENDRIKUS  
Middle Name::  
Family Name:: VAN LITH  
City of Residence:: BERLICUM  
State or Province of  
Residence::  
Country of Residence:: NETHERLANDS  
Street of Mailing Address:: NIJESTEIJN 29  
  
City of Mailing Address:: BERLICUM  
State or Province of Mailing Address::  
Country of Mailing Address:: NETHERLANDS  
Postal or Zip Code of Mailing Address:: 5258 PL

**Correspondence Information**

Correspondence Customer 000466  
Number::

**Representative Information**

Representative Customer	000466
Number::	

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::
NETHERLANDS	NL-1022022	11/28/02	Yes

**Assignment Information**

Assignee Name::

Street of Mailing Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::